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ABSTRACT

This document presents a report on a 2-year study of community anti-drug coalitions in 11 cities that have community initiatives programs. Through an extensive review of the literature, conversations with prevention experts, and interviews with members of the programs, an examination was made of the lessons learned by the coalitions. Since formal evaluation data of community anti-drug coalitions is not often available, and many programs do not address the question of what works best, this study attempted to use a broad approach to determine coalition evolution, implementation, and outcomes. Drug Strategies identified six elements that shape coalition effectiveness. They include a clear mission statement and strategic plan; broad, diverse membership; strong, continuous leadership; diversified funding sources; training; and evaluation. A broader public understanding of these elements will help communities create stronger coalitions and gather greater public and private support. A description is included of the 11 Community Anti-Drug Coalitions in Knight Communities across the country. Also included is a list of Drug Strategies publications as well as a description of the survey instruments developed for the assessment of community coalitions. (Contains 22 references.) (JDM)

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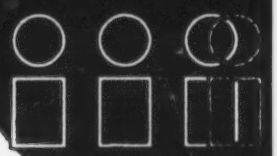
Assessing Community Coalitions



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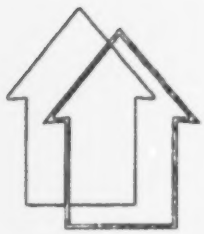

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Introduction

The deep concern many Americans feel about substance abuse is a powerful catalyst for community action. Coalitions channel that concern into programs that require active citizen participation, connecting people to each other and to their communities. These efforts generate enormous human energy, even against seemingly intractable problems like substance abuse. This sense of empowerment is critically important in overcoming the hopelessness and apathy that often prevent communities from taking action.

As the crack cocaine epidemic devastated cities across America more than a decade ago, citizens came together from all walks of life to create community strategies to combat substance abuse. Since then, anti-drug coalitions have played a pivotal role in mobilizing community support for more effective responses to local alcohol and other drug problems. As the coalition movement has matured, various evaluations of community coalition impact have found, not surprisingly, a wide range of results. Too often in the past, funding was given to coalitions without information on how they should form and develop. Some coalitions prospered while others disappeared. Some have produced measurable change in community anti-drug attitudes and initiatives while others appear not to have had much effect. It is increasingly important to be able to identify the factors that contribute to successful outcomes as well as factors that indicate probable failure. As competition for limited resources grows, the future of anti-drug coalitions will depend upon their ability to demonstrate that they make a difference in their communities.

Supported by grants from the John S. and James L. Knight Foundation and the Robert Wood Johnson Foundation, Drug Strategies has conducted a two year study of community anti-drug coalitions in eleven cities where the Knight Foundation focused its Community Initiatives program. This report does not assess the wide universe of community anti-drug coalitions. We have extensively reviewed the published research, talked with national prevention experts, and conducted structured telephone and field interviews with twelve coalitions. The goal of this effort is to help civic leaders, funding agencies, foundations and government officials understand the key lessons that coalitions have learned—often the hard way—in the past decade of experience. Even though the focus of this report is primarily on prevention coalitions, many other types exist, including treatment, criminal justice, and public housing.

Formal evaluation data are often not available, since coalitions are usually hard-pressed for funds, and evaluations are expensive. The few national evaluations that have been done do not clearly answer the core issue: Do anti-drug coalitions "work?" A central difficulty in interpreting these evaluations is deciding which measures to use in judging effectiveness. Many coalitions began with the express purpose of preventing alcohol and other drug use, particularly among young people, as well as reducing substance abuse in their communities. By these measures alone, few coalitions in the Knight Cities can demonstrate success. However, many coalitions can show other kinds of effects which have improved various aspects of community life, ranging from elimination of billboards that advertise alcoholic beverages to cleaning up neighborhood street drug markets.

In order to capture the wide variability of coalition impact, this study addresses a range of factors related to coalition evolution, implementation and outcomes. These factors include funding history, demography of coalition participants, agency representation, organizational structure, program goals, evaluation activities and target indicators. Much of our field research focused on finding the essential qualities that appear to be central to coalition formation, local impact and survival. In this report, Drug Strategies identifies six elements that shape coalition effectiveness, discussed in the context of the coalitions we studied. Broader public understanding of these elements will help communities across the country create stronger coalitions as well as make a case for greater public and private support.

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Community Coalitions: A Brief History

The crack cocaine epidemic of the mid-1980s mobilized citizens across the country to come together to combat substance abuse in their communities. One of the earliest coalitions, which began in Miami, grew out of an informal meeting of business and professional leaders in April 1988. They were deeply concerned about Miami's reputation as the nation's "cocaine capital." As Dr. Edward Foote, the founding chairman of the Coalition, noted, "We realized that solutions wouldn't come from Washington. We needed to develop a long-term, comprehensive response that involved the entire community. We knew we couldn't wait and hope someone else would do it for us. We had to take ownership of the problem." Many communities had similar concerns and organized their own coalitions. In November 1990, the first national meeting of community coalitions in Washington, D.C., drew 450 people from 172 cities. With guidance and support from the President's Drug Advisory Council, a new organization, the Community Anti-Drug Coalitions of America (CADCA), became the national public voice for these emerging coalitions.

From these grassroots beginnings, the anti-drug community coalition movement grew rapidly. The John S. and James L. Knight Foundation provided funds to the Miami coalition as well as to CADCA for technical assistance. The Robert Wood Johnson Foundation also provided early support in 1989 through a new initiative called Fighting Back. The program was designed to answer the question: Can communities substantially reduce the use of illegal drugs and alcohol by consolidating existing resources into a single community-wide system of prevention, treatment, and aftercare?[1] In the first year, Fighting Back encouraged communities with populations of less than 250,000 to apply for planning grants. From this group, Fighting Back awarded five-year program grants to 14 cities. By 2001, total funding for this initiative reached $71 million. At the same time, the Robert Wood Johnson Foundation funded Join Together, a national organization to support community-based programs working toward reducing, preventing and treating substance abuse. Since 1991, Join Together, supported by $16 million from the Robert Wood Johnson Foundation, has provided technical assistance including online help with strategy development, funding and operations for all coalitions nationwide. In 1997, Join Together became the national program office for the seven remaining Fighting Back sites. Not only did Fighting Back directly fund coalitions, its call for applicants also helped spark the movement. Many of the original applicants that did not receive grants were able to find funding elsewhere, and these coalitions formed a strong foundation for the coalition movement.

The Federal government also provided substantial early support for community coalitions. Established in 1990, the Community Partnership Demonstration Grant Program, directed by the U.S. Department of Health and Human Services' Center for Substance Abuse Prevention (CSAP), gave approximately $450 million to 251 community partnerships in 45 states and Puerto Rico. The main purpose of the program was to decrease substance abuse by improving conditions in the community environment. Congress did not renew the program when the authorization expired in 1996.

Recognizing the importance of coalitions in mobilizing communities to address alcohol and other drug use, Congressman Rob Portman (R-OH) sponsored new legislation to provide sustained Federal support for coalitions. A strong advocate of prevention, Congressman Portman started the Coalition for a Drug Free Greater Cincinnati in 1995, an umbrella organization to oversee anti-drug

[1] P.S. Jellinek and R.P. Hearn. "Fighting Drug Abuse at the Local Level." *Issues in Science and Technology*, 7(4):78-84, 1991.

initiatives in ten counties in three neighboring states (Ohio, Kentucky, Indiana). Supported by effective lobbying efforts from CADCA and bipartisan support led by Congressman Sander Levin (D-MI), Congress adopted the Drug Free Communities Act of 1997, which provided support for local communities that demonstrated a comprehensive, long-term commitment to reduce substance abuse among young people. Congress authorized $10 million in grants for fiscal year 1998. Within four years, Federal support had grown to $40 million (FY 2001), which was awarded to 300 grantees in 49 states. President Bush has requested a FY 2002 budget of $50.6 million for the Drug Free Communities Program. Although these funds are directed to the Office of National Drug Control Policy in the White House, the program is administered by the Office of Juvenile Justice and Delinquency Prevention in the Department of Justice. To maintain the local focus of these efforts and ensure sustainability, coalitions are required to match 100 percent of their Federal grants from non-Federal funding sources.

As of May 2001, the House and Senate were preparing similar legislation to reauthorize the Drug Free Communities Program for another five years and create a National Community Antidrug Coalition Institute, which would provide education, training, and technical assistance to coalitions, and help conduct evaluations.

A Word About Methodology

In order to develop an understanding of the factors that are key to coalition effectiveness, Drug Strategies reviewed the published research, including evaluation studies, and talked with leading experts in the field. This phase of the study was conducted by Dr. Zili Sloboda, Senior Research Associate, Institute of Health and Social Policy and Adjunct Research Professor, Department of Sociology, University of Akron, who has many years of experience in prevention research and evaluation. Dr. Sloboda previously served as Director of Epidemiology and Prevention Research at the National Institute on Drug Abuse.

Dr. Sloboda began with a comprehensive literature review. She subsequently conducted structured telephone interviews with fifteen nationally recognized prevention experts and practitioners. They were selected because of their publications, their roles within funding organizations, and because they were nominated by a number of other experts in the field. Prior to the interview, each person received a list of nine questions designed to guide the discussion with Dr. Sloboda. The primary purpose of these interviews was to develop informed new perspectives about community coalitions and what factors contribute to their success. A number of important observations emerged from these interviews which will be discussed later in the report.

Building on Dr. Sloboda's initial research, Drug Strategies undertook a comprehensive survey of anti-drug coalitions in eleven cities where the Knight Foundation's Community Initiatives Program is concentrated. These coalitions range from small, highly targeted efforts to large multi-agency partnerships, all with varying degrees of success. This range is representative of coalitions nationwide. Some have limited impact while others show significant progress.

Drug Strategies developed a survey instrument to send to each coalition in advance of a structured telephone interview. The survey covered various factors, including early history, funding, staffing, evaluation efforts and program goals. In addition, important community members who were not involved directly with the coalitions, including business leaders, clergy, and city and county officials, were interviewed about their assessment of coalition impact.

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For a more detailed understanding, Drug Strategies conducted site visits of seven coalitions located in five different states. These in-depth studies explored a wide range of issues, including: (1) variations in how coalitions are established and funded, and funding patterns over the last five years to assess their ability to become self sustaining; (2) how coalitions define their objectives, and whether these objectives can be translated into outcome indicators; (3) what process data are collected by coalitions; (4) the extent of local efforts, including partnerships with university researchers, to capture coalition impact on specific indicators; and (5) how coalitions use data to maintain public support, media interest, and financial backing.

Both the mail and telephone surveys were conducted with coalition leaders. In addition, we talked with community leaders from business, education, law enforcement, government, faith organizations, media and social services. For the site visits in the field, we conducted structured interviews with thirty coalition directors, staff and coalition members, attended three coalition meetings and toured the target areas of the coalition as well as observing coalition activities where possible. These extensive efforts have provided Drug Strategies with insight into the obstacles and opportunities facing community coalitions. They also have offered useful lessons in the application of social theory to real world situations.

Recent Evaluations

During the past five years, two major national evaluations have contributed to greater understanding of the factors that characterize strong coalitions. Although neither of the national evaluations produced clear-cut evidence that community coalitions have had significant measurable effect in preventing new use or reducing substance abuse, the two studies did provide a wealth of information about coalition structures, strategies and characteristics.

Fighting Back, the Robert Wood Johnson Foundation-funded initiative seeking to test whether communities can effectively reduce demand for alcohol and other drugs, has produced mixed results. Early evaluation findings, based on data from 1990-1997, suggest that although many of the coalitions attempted to organize residents of poor neighborhoods, they had limited success in engaging institutions. Moreover, the coalitions rarely used prevention theory or research as the basis for planning, relying on decentralized decision making that emphasized inclusiveness rather than function.

In terms of the stated objectives for the Fighting Back program—to limit the number of new alcohol and other drug users; reduce the number of deaths and injuries related to substance abuse; and lessen the effects of alcohol and drugs on health, employment and crime—very few coalitions succeeded on all three fronts. However, several coalitions were able to secure funding for new youth treatment services; many obtained extensive media coverage about substance abuse problems and Fighting Back; and a few were able to substitute billboard ads for alcohol and tobacco with anti-drug messages. Most coalitions were successful in community organizing in targeted neighborhoods for a variety of tasks, including campaigning to limit alcohol outlets and working with police to reduce drug dealing, alcohol sales to minors, prostitution, and public inebriation.

Fighting Back continues to evaluate their efforts and report results. For example, in Vallejo, California, Fighting Back staff worked with city officials in 1998 to pass an operating standards ordinance on existing alcohol outlets. The result was a 53 percent reduction in nuisance-related police calls involving liquor and convenience stores, bars, and restaurants. Between January

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2000 and May 2001, New Haven's Project Assert screened 7,000 people in the local hospital emergency room for substance abuse problems and referred 272 of these individuals to treatment.

From 1990-1996, CSAP conducted a cross-site evaluation of 48 communities, including 24 CSAP-funded partnerships. The study found that substance use rates were slightly lower in the CSAP partnership communities overall compared to matched comparison communities. The one statistically significant difference was in recent adult alcohol use (during the past month), which was lower in CSAP communities. One-third of the partnership communities showed some statistically significant reductions for at least one age group and one type of substance use (alcohol or illegal drugs). Moreover, reductions in substance use were relatively greater for males than for females.

A New Perspective

The mixed results of national evaluations, combined with experiential evidence from hundreds of coalitions, have led some experts to question some of the fundamental assumptions underlying the original coalition concept. These evolving ideas include the following:

- Community coalitions are not themselves interventions but instead provide infrastructure to support planning and services to address a specific community concern. Those services and plans should be based on the most current research and local data.
- There is no one-size-fits-all coalition. Each community varies in terms of its human, service and funding resources; coalition structure will vary across communities and may change over time. The coalition model should build on the competencies and leadership abilities within a particular community. In addition, coalition activities should reflect the availability of services and the priorities of the community.
- Sufficient competence may not exist within a coalition to support a solid planning process and to implement a strategic vision. Nor will some communities embrace the coalition and its goals. Environmental conditions that coalitions work in can determine success. In both Washington, D.C. and Newark, New Jersey, for example, two major Fighting Back efforts terminated in large part because the communities were in disarray.
- Structure is important. Coalitions are formal organizations that should provide leadership, a clear decision-making structure, definition of roles for Board of Directors, members and staff, fiscal accountability, and training.
- Not all communities may be ready to establish coalitions or be able to sustain them over time. Indeed, some of the best coalitions may be short-lived, coming together to develop programs which can then be institutionalized.

Dr. Paul Jellinek, Vice President of the Robert Wood Johnson Foundation, in discussing the Fighting Back initiative, recently observed, "We didn't understand how poorly equipped we were in this country to come together around any issue, or that the process of bringing people together as a community would, to some extent, compromise the community's capacity to focus strategically. It was an evolutionary process where, to build trust, people made tradeoffs."[2]

This evolutionary process is yielding many important lessons about what works and what does not. It also points to possible new directions for anti-drug coalitions as they move from experimental beginnings to more mature development within their communities.

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[2] B.R. Thompson, A. Spickard, Jr. and G.L. Dixon. *Fighting Back: The First Eight Years: Mobilizing People and Communities in the Fight Against Substance Abuse.* Nashville, TN: Vanderbilt University Medical Center, 2001.

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Elements of Effectiveness

There is clearly no single blueprint for building a successful coalition; each coalition is unique, reflecting the particular environment and circumstances which led to its creation. However, during the past decade, we have gained a great deal of knowledge about specific aspects of coalitions that relate to their effectiveness at each stage of development. Leading national organizations, including CADCA, Fighting Back, Join Together, and the Center for Substance Abuse Prevention have all defined the qualities that they believe are essential for success. The Drug Free Communities Act of 1997 also outlines five general elements that coalitions must demonstrate to show viability before qualifying for funding.

Building on the collective work of these organizations as well as on our structured interviews with prevention and evaluation experts and with coalitions themselves, Drug Strategies has identified six elements that are fundamental in developing and sustaining an effective coalition.

Clear Mission Statement and Strategic Plan

Both experts and practitioners agree that this element is essential in creating a viable coalition. The energy and enthusiasm of local residents eager to address community substance abuse problems are vitally important, but by themselves, they are not enough. Careful assessment of the scope and nature of the problem is necessary to provide information so that the initial organizers can draft a clear mission statement that will guide the coalition at every stage of its development. Dr. Cheryl Perry, a professor at the University of Minnesota, developed Project Northland which uses communities to change norms about teen drinking. She notes that action plans must have clear goals which can be substantiated with data or other information readily understandable by the community. These goals should focus on both the long term and the short term and, above all, concentrate on changes that can realistically be made within a community. For example, the Regional Drug Initiative in Portland, Oregon, publishes an annual report of county and state trend data on a dozen indicators which the local community uses for planning guidance. Fighting Back sites conduct similar community indicator studies.

Dr. David Hawkins, Director of the Social Development Research Group at the University of Washington, has pointed out that what is missing in many coalitions is a clear framework that establishes common language and a paradigm that expresses how the community sees the problem and how to approach it. Having a similar framework and vocabulary enables the group to talk about the problem and share a common understanding. With such a framework in place, it is possible for coalition members to look down the road at what is expected and how to proceed.

Central to the coalition's initial task of developing a clear framework is understanding the community. Because drug and alcohol abuse are closely related, many coalitions try to change local practices that encourage drinking, particularly by underage youth. Coalitions often enlist local media to expand community awareness of alcohol and other drug problems as well as to build public support for their efforts.

Not all communities are ready to address substance abuse, even if funding is available to start a coalition. There may be denial, or only a vague awareness of the problem, or other higher priorities. For example, in Charlotte, North Carolina, the Drug and Alcohol Fighting Back Project initiative encountered some resistance, according to Hattie Anthony, the Executive Director: "We mobilized people and hoped they would focus on reducing substance abuse. But after people were mobilized, we found that they had a lot of agendas, only one of which was substance abuse."

In recent years, several new programs have been developed to help communities assess their readiness to create citizen action coalitions. The Tri-Ethnic Center at Colorado State University has a community readiness instrument that provides step-by-step guidance for local planners, including questions they should ask to determine community views on the importance of substance abuse issues. Dr. David Hawkins and the Social Development Research Group at the University of Washington have recently developed a guide to help communities assess their readiness for change, one of a series of guides developed by the Research Group for CSAP.

The strategic plan, which grows from the mission statement, provides a road map for the coalition and allows the coalition to judge its own progress. According to Jim Copple, founder of the Wichita Project Freedom and Family Coalition in 1989 and founding director of CADCA, "A good strategic plan prevents a coalition from being driven by immediate crises. The plan in effect becomes the Bible for the group. Coalition meetings focus on progress being made with the plan, barriers to progress, and ways to overcome those barriers."

The National Center for the Advancement of Prevention developed a workbook to help communities develop their plans by addressing a set of ten questions at the outset. These questions include, "What is really needed? What are the best practices or science-based interventions? How do these fit with other programs being done? What is the plan? Who will do this?" Systematic thinking from the beginning increases both the likelihood of success and accountability for results.[3]

Broad, Diverse Coalition Membership

Effective anti-drug coalitions harness the many different talents within a community. Volunteers from all walks of life participate directly in community action, often for the first time, and provide the impetus for creative new strategies. When they are broad and diverse, community coalitions bridge the divisions that usually separate private and public, city and county programs. A 1999 Join Together survey of community groups found that all community sectors can improve their response and increase their attention to substance abuse.

The most successful coalitions draw on the strength not only of concerned citizens but also of local government and foundations, businesses, churches and universities. In the initial stages in particular, coalitions need a critical mass of members with "social capital," with ready access to businesses, funding sources, media and other major community institutions. Without this social capital, coalitions often face great difficulties both in developing and implementing their goals.

The Miami Coalition, one of the earliest in the country, grew out of informal meetings among business, civic and professional leaders dismayed by escalating drug abuse and cocaine dealing in the late 1980s. Initial funding, office space and paid staff were provided by these leaders, so that a comprehensive coalition strategy could be developed quickly. Today, the Miami Coalition remains one of the largest, best-organized anti-drug coalitions in the country.

In terms of membership structure, there are at least three types of coalitions: "vertical" coalitions which include grassroots groups, local agencies and community elites; "grassroots" coalitions made up of local residents and neighborhood groups; and "horizontal" professional coalitions that primarily include representatives from service agencies. Each type faces particular challenges, as the twelve coalitions in our study clearly demonstrate. However, coalitions with broad-based, diverse membership structures generally have achieved greater progress toward their goals largely because they can leverage many more resources within the community. Moreover, the involvement of local colleges and universities can provide essential research assistance with needs assessment, local indicators and evaluation.

According to Dr. Mary Ann Pentz, Director of the Center for Prevention Policy Research at the University of Southern California, involving relevant organizations that champion the goals of the coalition is crucial. For example, youth-focused

[3] A. Wandersman et al. *Getting to Outcomes: Methods and Tools for Planning, Evaluation and Accountability.* Rockville, MD: Center for Substance Abuse Prevention, 1999.

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coalitions should have high-level representation from the school system. The credibility of the entire coalition membership is also important in order to engage relevant institutions in change as well as to sustain support for the coalition.

Strong, Continuing Leadership

Coalitions are often begun by one or two dedicated, charismatic individuals who are able to mobilize the local community to organize and to take action. Like all volunteer initiatives, however, coalitions depend on the commitment of their members to carry on the day-to-day work of the organization. Sustaining that commitment over time is a difficult challenge. Many volunteers also have full-time jobs and find themselves unable to manage other major demands along with coalition work. Some coalitions have responded by assembling a Board of Directors and small professional staffs. A hierarchy of leadership is then created: a Board to do fund raising and provide strategic oversight, an executive director and staff for administrative tasks, and community members to oversee activities and programs.

Jim Copple believes that strong leadership is fundamental to success, even though the concept of coalitions is built on the notion of broad-based ownership and power sharing. He notes that, "A strong leader will take the heat and move the agenda both within the coalition and with key community leaders outside the coalition." He also notes that leaders benefit from training, particularly on how to network, to manage agendas and to lead by consensus building.

A major challenge for many coalitions is how to manage conflict; a strong leader is able to mediate differences, bring out hidden agendas and show how mutual goals are shared within the group. However, a successful coalition depends on active, engaged participation by its members. If the leadership becomes overly directive, shutting down the possibility of disagreement, members may disengage and volunteer their efforts elsewhere. Maintaining this balance is essential. Dr. Denise Hallfors, Research Associate Professor at the University of North Carolina Chapel Hill, points out that, "Good leadership requires good interpersonal skills, access to resources, and the ability to work with diverse groups and have them share a mission and a vision."

Coalitions face a critical juncture when the leadership changes. Many coalitions do not prepare for this succession, so that if one or two people—often the founders of the organization—leave, the future of the coalition is seriously threatened. Coalitions that have been able to sustain their efforts over time either still have their original leader or have developed the next generation of leaders within the coalition. Very few coalitions, however, have given thought to ensuring a smooth transition if the leadership changes. In this context, training of coalition members is vital in order to provide them with the essential skills to take on leadership roles if the need arises.

According to the 1999 Join Together survey, community leaders also want leadership from the Federal government in the form of significant changes in long-standing public policies and a change in spending priorities. Specifically, they cited these policy priorities: limit alcohol and tobacco advertising, increase alcohol and tobacco excise taxes, and increase Federal funding for substance abuse prevention and treatment.

Diversified Funding Sources

As many coalitions have painfully learned from experience, relying on one major funder can prove fatal. If that funder withdraws support for any reason, the coalition is faced with the immediate crisis of finding new sources. This is often not easy, particularly when local institutions have not "bought into" the coalition from the outset because it did not need to engage them to provide support. Some of the CSAP-funded coalitions did not survive the termination of the CSAP community partnership program in 1996. One major reason was their dependence on a single funder.

The importance of diversified funding, particularly from local sources, in sustaining coalitions has been demonstrated repeatedly in the past decade of coalition expansion. Legislation currently being drafted in the U.S. Senate and House of Representatives to extend the Drug Free Communities Act for five more years reflects this

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important lesson. As with the original program, the extension will also require coalitions to provide a 100 percent match from local sources for grants received under the Federal program. This strengthens the likelihood that funding for a significant portion of the coalition comes from local sources.

Training

Many experts point to training as making a difference in a coalition's survival. Training helps coalitions to identify problems, develop a vision and a strategy, establish clear steps to achieve their goals, monitor the process and measure outcomes. Dr. Mary Ann Pentz from the University of Southern California, who has developed comprehensive training programs for coalitions in implementing prevention goals, believes that training often makes a pivotal difference. Training should cover areas such as community readiness, membership recruitment, strategic planning, information about current research on effective programs, and learning how to interact with the media. In addition, as Dr. Harold Holder, Director of the Prevention Research Center in Berkeley, California, notes, coalitions need to learn to look at the community as a system in order to recognize the special interest groups with a stake in the "problem." For example, bars, convenience stores and restaurants profit from alcoholic beverage sales. They may initially be resistant to citizen efforts to reduce sales to underage youth, even if the sales are illegal.

Although training and technical assistance are critical, some coalitions do not have adequate access to these services. Join Together provides action kits on various topics as well as online information, including the latest research and survey data and help with strategy development and funding. It also maintains a listserve so that subscribers can post questions and receive answers from each other as well as Join Together. Join Together also promotes models of successful training programs that they have previously hosted. The Fellows program, which ended in 1998, consisted of 235 community leaders (business, grassroots, legislators, prevention experts) who received leadership development training. The program expanded into a peer to peer exchange where, until 1997, several fellows, along with other leaders, became consultants for several months to other communities and aided them in developing a comprehensive strategy. Through six regional Centers for the Application of Prevention Technologies, CSAP provides its grantees technical assistance, including help with evaluations and accessing science-based programs. CADCA also provides training, national and regional conferences, distance learning, online guides, help with media relations and links to other organizations. However, many of these resources are self-directed, not in-person training, and the coalition may not have the time or knowledge to utilize them.

Dr. David Rosenbloom, Director of Join Together, notes that, "Local leadership needs training to overcome barriers to success, such as lack of current information, not being able to develop strategies, and not knowing how to go after funding. Training includes providing skills to know what type of information is needed and where to find it, how to negotiate, how to make presentations, and how to get along with people who have a different paradigm."

Evaluation

Evaluation is centrally important to the successful development of a coalition as well as to its long-term viability. Funders who may be willing to invest in the start-up phases of building a coalition will probably not be inclined to continue support without evidence of positive community impact. As the continuing national evaluation of the Fighting Back coalitions points out, it is sometimes difficult to demonstrate that coalitions have made a difference. This is especially true where success is measured by reductions in alcohol and other drug use and drug-related problems in a particular community. Often these measures do not reflect the actual effect the coalition is having. Many factors contribute to the difficulty of obtaining a true picture of coalition impact, including a lack of accurate baseline measures and multiple influences that may distort outcomes. For example,

overall drug use among youth may rise in a community despite energetic coalition activities; however, stronger forces such as national trends and high resident turnover may largely account for this increase. Moreover, very few communities have accurate information about local drug use, so that coalitions often undertake their initiatives without a solid baseline.

Some experts believe that evaluations of coalitions should match what the coalition wanted to do with what it did and what was accomplished. In this way, success is not judged solely in terms of the coalition's record in reducing substance abuse but rather in being able to broker, facilitate and mediate diverse sectors of a community to come together to address strategic objectives.

The newer coalitions have learned the importance of developing measurable outcomes from the outset, and the Drug Free Communities Program requires coalitions receiving assistance to build evaluation into their initial strategy. Time is also a critical factor. As CADCA's Public Policy Consultant Sue Thau notes, "Changing attitudes and norms in a community takes three or four years, and behavior change may take another two years. Funders often expect more immediate outcomes."

More recently, researchers have looked to asset-building across a broader range of issues, including improvement in public health and safety. To capture the full effect a coalition has in its community, evaluation should involve multiple methods, including such factors as changes in service delivery, community awareness, community knowledge, norms about prevention, and the whole continuum of care.

Short-term measures can also be helpful, including process evaluations as the coalition develops. Evaluation feedback even in the early stages can help redirect coalition efforts by increasing capacity to plan and to move toward results. In this way, coalitions can look at short-term results at different phases and discuss what went wrong or what went right.

Applying Key Elements

Drug Strategies' study of twelve anti-drug coalitions in cities where the Knight Foundation's Community Initiatives Program is concentrated yielded a wealth of information about the real challenges coalitions face at every stage of development. The six essential elements for coalition effectiveness discussed in the preceding chapter provide an informative, analytic perspective for understanding the actual experience coalitions have on the ground. Each of the elements provides a useful context for examining both coalition strengths and weaknesses.

Clear Mission Statement and Strategic Plan

This important step is crucial in laying the foundation for a strong coalition. As Drug Strategies learned from its coalition study, those that did not agree on a clear mission from the outset encountered serious difficulties at later stages. The Long Beach Coalition in California, for example, was created in 1972 to provide Federally funded substance abuse treatment under the Federal Hughes Act. In the intervening decades, the coalition did not clearly define its mission, but instead, through its monthly lunches, became a loose-knit gathering which gave treatment providers an opportunity to get together. Although concrete goals were accomplished in the early years, such as reducing the number of liquor stores in south Long Beach and opening several new social service agencies, the coalition has not developed a strategic plan that defines its current mission and goals. In 1997, the Long Beach Coalition merged with the South Bay Coalition, which had lost its principal leader, and the merged coalitions are now in the process of developing a strategic plan.

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The need for clear direction, including goals and objectives for each meeting, is widely recognized. Betty Batenburg, a coalition member, notes that "If goals are not set beforehand, the meeting turns into a networking session. While networking is important, it should not take the place of discussions regarding how we are going to implement the indicated projects that will bring the group closer to their overarching goals."

Not all communities are ready to address substance abuse, even if funding is available to start a coalition. For example, Rural Neighbors in Partnership, an umbrella for three county coalitions near Tallahassee, Florida, was created in 1991 when the Florida School Board Association and DISC Village, a private treatment provider, received a CSAP grant. Although the coalition conducted needs assessments in the three counties, it could not generate support from local residents, in large part because smoking and drinking were considered normal behavior, even for young teenagers. The coalition also lacked strong leadership and diversified sources of support. When CSAP funding expired, Rural Neighbors disbanded.

Changing conditions within the community when concerns shift from substance abuse to other problems can also change the mission of coalitions. This in turn can lead to merger with other organizations or to dissolution. In Wichita, Kansas, Project Freedom and Family Coalition started in 1989 to increase public awareness of substance abuse. When the coalition leadership realized that community mobilization around substance abuse might be more effective, and technical assistance was leaning in this direction, the coalition changed its mission. The coalition supported a wide range of activities (including environmental strategies to address youth violence) and enjoyed strong support from funders and political leaders. However, by 1999, diverging perspectives within the Coalition led to the breakup of Project Freedom; some members continued and changed the mission to reducing truancy (Wichita ACTS against Truancy), while others left altogether.

The Lexington/Fayette Champions for a Drug Free Community in Lexington, Kentucky, was created by then Governor Robert D. Orr in 1985 to focus on youth prevention. With a 15-year grant from the state, the coalition decided on activities based on ideas members voiced at meetings. Composed largely of service providers, the coalition did not have a needs assessment or a strategic plan and primarily supported activities to increase public awareness. The coalition experienced numerous difficulties, particularly in recruiting and retaining committed members. By 2000, the coalition merged with the Mayor's Committee on Substance Abuse, which was experiencing similar difficulties. This merger has brought new energy and focus; the new group, known as the Mayor's Alliance on Substance Abuse, is concentrating on needs assessment, strategic planning and (with help from the University of Kentucky) public opinion polling on community views about key issues.

Newer coalitions have built on the lessons of the past decade about the central importance of defining the mission and strategic plan from the outset. For example, CARE Partnership of the Centre County Region in State College, Pennsylvania, was started in 1999 by five community leaders who were frustrated by the lack of coordination of local prevention programs. This core group, after spending a year researching the best way to proceed, adopted the Communities That Care model, which provides step-by-step guidance on how to develop and evaluate a community coalition. The group is now in the process of collecting substance abuse indicator data and inviting key community leaders to join the coalition.

Another new coalition in State College, Pennsylvania, the University Park Campus Partnership (UPCP), is a joint initiative to reduce underage and binge drinking between Pennsylvania State University and the Pennsylvania Liquor Control Board. Started in 1998, the UPCP spent its second year developing a mission statement and strategic plan. According to Lou Ann Evans, former Co-Chair of the UPCP coalition, "Creating the strategic plan was the most important thing we did that year. Because we took the time to listen, everyone has ownership of the plan. In the long run, that is your foundation, and you have to take the time to make it strong."

Many coalitions during the early formation stages have not realized the central importance of defining their mission and strategy. Accomplishing these important initial tasks can involve substantial time and energy, particularly if the coalition focus is multi-dimensional. Achieving consensus within the organizing group also can be challenging, especially if the coalition leaders do not have prior training or experience in effectively managing this process. Some coalitions come apart either because they do not define or agree on a core mission; others stumble through several years of choppy efforts which do not add up to progress. The coalitions that successfully develop a clear mission and strategy from the outset have a much greater chance of success.

Broad, Diverse Coalition Membership

During the past decade, many different types of anti-drug coalitions have emerged. Some are built through grassroots, neighborhood groups; others are composed largely of service providers. However, the most effective, durable coalitions are those that include a broad, diverse membership that brings together local agencies, grassroots organizers and community business, civic and media leaders. The Miami Coalition, the largest of the 12 coalitions in Knight cities, is an excellent example of the powerful foundation a broadly based membership can provide. Initiated by an influential group of business, civic, and professional leaders in 1988, the coalition has grown to include 7,000 volunteer members from all sectors of the community. Day-to-day operations are directed by a paid Executive Director, who is backed up by a 25-member Executive Committee, primarily from the private sector, as well as eleven task forces representing different perspectives, such as law enforcement, faith organizations, and treatment, that meet regularly to plan and coordinate activities. This wide reaching membership has sustained the Coalition through challenging transitions over the past twelve years.

Miami's experience underscores the importance of broad membership in providing "social capital" to give coalitions ready access to key community leaders, media outlets and funding sources. The Georgia Policy Council for Children and Families provides guidelines for coalitions developed within the state, including a mandate that the coalitions' Board of Directors include representatives from the police, local government and Department of Family and Children Services. In Columbus, the Children, Youth and Family Coalition assembled an advisory committee composed of the Superintendent of Schools, Director of the United Way, the City Manager, and a lead member of a local foundation to provide leadership and guidance and to suggest additional board members.

The Lexington Richland Fighting Back coalition in Columbia, South Carolina, also benefitted from broad membership from every sector of the community, including the University of South Carolina. In addition, the coalition has a close relation to the Lexington Richland Alcohol and Drug Abuse Council (LRADAC), the primary provider of government-funded drug abuse services in the county. LRADAC operates in effect as the coalition's parent organization, serving as an incubator at the start of the coalition in 1991 and reabsorbing many of the coalition activities when funding became scarce in the late 1990s. LRADAC has high visibility and a long track record in the community, which helped the Coalition develop a broad, credible membership, led by the Mayor of Columbia. Debee Early, Deputy Director of Community Services, reports, "We never have to explain who we are when we call important people." The coalition works hard to develop and maintain relationships with key leaders.

Coalitions that do not have broad-based membership often encounter great difficulties in developing and sustaining significant anti-drug initiatives. For example, the Long Beach Coalition, which began in 1985 in order to provide Federally funded treatment services, did not grow beyond its original membership base. By the late 1990s, the coalition had lost a sense of direction. Sustained by annual membership dues, the coalition consists entirely of volunteers. Former coalition President Jim Gilmore observes that, "The problem is that we are a group of treatment providers, and while this homogenous membership has meant a shared interest that has kept the group together for many

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years, we really need the additional support of diverse leadership well connected within the community–even if our views differ." He adds that "It is possible that one of the most important mistakes we have made over the years was that we did not work hard enough to maintain those relationships (i.e., with the police department, schools, city council) once we had them."

A broad, diverse membership should be an initial goal in building a coalition. Diversifying later can prove difficult, due to the coalition's reputation in the community or disagreement among current members as to who should be added. After a broad membership is established, it must be maintained through feedback, empowerment, and communication of successes and challenges. Without consistent contact, members may become alienated from the coalition.

Strong, Continuing Leadership

Strong leadership is critically important to coalitions at every stage of their development. However, the kind of leadership needed may change as the coalition evolves. For example, many coalitions are begun by one or two highly committed, often charismatic people who push the organization forward through the challenges of startup. In some cases, these leaders may actually prove to be too dominant, building an agenda that reflects their own priorities rather than community concerns. The membership base can also suffer, since possible participants may be driven away if they do not believe they can play a meaningful role within the coalition. Many coalitions experience changes in leadership, which can in fact strengthen the organization. Planning for leadership succession, particularly after the departure of the original leaders, is important to the long term survival of a coalition. Having continuity among paid staff can ease leadership transitions; however, most coalitions are staffed entirely by volunteers.

Strong leadership is particularly important during the formation and early definition of a coalition. The CARE Partnership of the Centre County Region in State College, Pennsylvania, started in 1999. As Norma Keller, one of the current leaders of the CARE Partnership, recalls, "From the beginning we had direction and confidence in the information we were receiving. Other coalitions have been free floating where the people who organized it hadn't done enough homework. They didn't know why they were coming together, where they were going and what really was the mission. You go to meetings and it is nice to see those people again, but it is a waste of time."

Coalition leadership in some cases comes directly from state and local government. For example, the Aberdeen Alcohol and Drug Abuse Council in Aberdeen, South Dakota was started in 1988 by the Mayor after a needs assessment found very few anti-drug programs. Using local funds collected from legal gambling machines, the Council provided seed money for a range of community initiatives. The Council continues to be led by Aberdeen's Mayor, whose office also provides administrative support. Although the Mayor's leadership has provided stability for the 25-member coalition, a lack of volunteers remains a problem. Membership requirements are not burdensome: anyone who registers and attends two previous meetings is entitled to vote on upcoming initiatives. Perhaps because it is so closely connected to the Mayor's office, the coalition is not widely recognized within the community.

In Indiana, then Governor Evan Bayh formed the Commission for a Drug Free Indiana in 1989 to serve as a central coordinator for anti-drug coalitions across the state. The commission operates through six Regional Coordinating Offices, with advisory boards including representatives from law enforcement, business, social service agencies, religious groups and other community organizations. These offices each have three to five paid staff members, who also provide technical assistance to local coalitions at the county level. In order to qualify for these services, coalitions must have a broad-based volunteer membership that meets monthly. This blend of state government and local coalition efforts has clear advantages, particularly in terms of sustained funding, staff and coordination. However, the commission has had some difficulty in communicating effectively the impact of anti-drug initiatives to the local community.

Leadership often changes as coalitions develop. In Charlotte, North Carolina, the Charlotte Mecklenburg Drug and Alcohol Fighting Back coalition began as a grassroots effort in 1991, bringing together many different neighborhoods within District 2, one of Charlotte's poorest areas. Leadership was shared between the coalition's committee of representatives and Mecklenburg County government, which provided fiscal oversight. Conflicts often arose over the expenditure of small sums: the coalition regarded the county's scrutiny as overly restrictive. The current Executive Director, Hattie Anthony, recalls that "We stumbled a bit initially with the leadership of our coalition. The first coalition leader did not get along well with the county government. Since then, through hard work we have earned the respect and trust of both the county government and the neighborhoods." The coalition is now the county's major contractor for drug prevention activities in District 2.

The Madison County Partnership in Richmond, Kentucky, which was started in 1990, has gone through several leadership changes which reflect different stages of development. The first director provided support in conducting needs assessments, writing grants, and supporting the coalition's subcommittees. The second director took a more prominent organizing role, bringing in more members and creating a strategic plan. The coalition's current director, Laura Nagle, coordinates the increasingly autonomous subcommittees as well as directing day-to-day operations. The coalition has won several awards for its anti-drug activities.

Leadership can come from a variety of sources, from local policy makers to paid staff directors. Many coalitions rely on a Board of Directors for leadership. Whatever the source, leadership consistency is critical. A clear, constant vision keeps coalition members involved and focused. Preparing for changes in leadership is essential to sustain consistency.

Diversified Funding Sources

Finding continued funding support may be the single greatest challenge to coalition survival. Every coalition in the Drug Strategies study has experienced funding difficulties, even the large, well-established ones. A clear lesson from the past decade is that funding from only one source can prove fatal. For example, Rural Neighbors in Partnership (which served Tallahassee's three surrounding counties) was created in 1991 when CSAP awarded a community partnership grant to the Florida School Board Association and DISC Village, a private treatment provider. These two organizations were funded to create a network of anti-drug coalitions within the three counties, but they were unable to generate support within the communities and had trouble recruiting volunteers. When the CSAP grant expired, there was no grassroots support to carry on the coalitions, and the Partnership dissolved.

Coalitions with strong ties to the community are often able to continue even after a major funding source disappears and to appeal effectively for local funds for innovative new programs. For example, the Miami Coalition played a key role in bringing together the many different agencies involved in the creation of one of the country's first drug courts, which diverts drug offenders from the criminal justice system into closely supervised treatment. The Fighting Back coalitions in Charlotte, North Carolina, and Columbia, South Carolina, have both survived the termination of substantial grants from the Robert Wood Johnson Foundation; however, both coalitions have had to scale back their activities. In Charlotte, the coalition depends on county funds to provide prevention services, although coalition leadership would prefer the greater autonomy that multiple funding sources would allow. In Columbia, the coalition has been partially absorbed by the primary county service provider (LRADAC). In both situations, the funding source also provides administrative support and fiscal oversight.

Some coalitions are supported through local revenues. The Aberdeen Alcohol and Drug Abuse Council, for example, receives office space and administrative assistance from the Mayor as well as funds collected from legal gambling machines in the city. The Governor's Commission for a Drug Free Indiana is funded by fines paid by DUI offenders and various Federal funds, including a grant from the National Highway Traffic and

Safety Administration. The Long Beach/South Bay Coalition collects membership dues to cover expenses. The CARE Partnership of the Centre County Region in State College, Pennsylvania, is supported by state grants, while the University Park Campus Community Partnership, also in State College, receives funds from Penn State University and the Pennsylvania Liquor Control Board.

Even large, well-established coalitions find that sustained, diversified funding is a continuing challenge. As one source disappears, as the CSAP partnership grants did in 1996, other support must be developed, including foundations, individual donors and businesses. Securing funds can prove extremely challenging for coalitions, particularly when they have relied solely on Federal funding that is of limited duration or where they must compete with direct service providers for the same dollars. Establishing relationships with local entities for financial and in-kind support should be an early, major priority.

Training

Training for coalition leaders, members and staff can strengthen coalitions; however, very few coalitions have much training opportunity, largely because of a lack of funds. In the early 1990s, when the coalition movement began, training was more readily available through the Robert Wood Johnson Fighting Back initiative as well as CSAP. For example, Wichita's Project Freedom and Family Coalition, which started in 1989, offered coalition members training in alcohol and other drug issues, conducting needs assessments, implementing strategic plans, and cultural sensitivity. Staff also attended national conferences. (Project Freedom has since disbanded.)

The Miami Coalition, which started about the same time as Project Freedom, benefitted from a close relationship with the University of Miami, whose President was the founding coalition board chair. Although the coalition does not provide internal staff training, it does pay for staff to attend relevant conferences and training seminars. The annual Leadership Forum in Washington, D.C., which started in 1990 and is now sponsored by CADCA, continues to be a major training opportunity for both staff and board members. Although CSAP, CADCA and Join Together currently provide training, local money is often too limited to send coalition staff and members to training sessions consistently. Hattie Anthony, Executive Director of the Charlotte Mecklenburg Drug and Alcohol Fighting Back Project, notes that "Fighting Back supplied a generous amount of funding for training and we were able to go to meetings hosted by Join Together and CADCA. This is not the case anymore."

Some coalitions benefit from local training opportunities, such as those provided by the Bluegrass Prevention Center of the State Champions for a Drug Free Community in Kentucky, which provides administrative and technical support to anti-drug coalitions statewide. The Governor's Commission for a Drug Free Indiana not only pays for members and staff to attend training seminars, including the annual CADCA conference, but also provides internal training for leadership, team and coalition building.

With the advancement of technology and the Internet, many training resources are available online. CADCA and Join Together have made numerous training resources and materials available over the Internet. These resources are a low-cost supplement to in-person training for coalitions with limited funds.

Evaluating Coalition Impact

Coalitions have learned from direct experience the central importance of evaluating their activities, in terms of both process and outcome. With a few notable exceptions, many of the earlier coalitions did not build evaluation into their original strategy. The subsequent inability to show results increased the difficulty of recruiting new members, particularly among community leadership, and of sustaining financial support. For example, the Lexington/Fayette Champions coalition, which began in 1985, did not plan for evaluation, with the result that it was virtually impossible to judge whether any of the program initiatives were making an impact in the community. Along with other difficulties, such as lack of direction, high turnover, and internal conflict, the Champions coalition could no longer sustain itself. Now merged into the Mayor's Alliance on Substance Abuse, the new coalition has given evaluation top priority.

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Coalitions that began with major Federal funding through CSAP or foundation funding through the Robert Wood Johnson Fighting Back initiative were required to build evaluation into their initial planning. The Charlotte Mecklenburg Drug and Alcohol Fighting Back Project has worked with nearby universities to evaluate its programs. The coalition also uses data generated by the local Alcohol Beverage Control Board and law enforcement agencies. Since 1991, when the coalition started, alcohol sales in District 2 have dropped by 17 percent. Despite a city-wide increase in drug and alcohol related crime, DWI arrests in the District have declined by half and drug arrests by 12 percent. AA and NA chapters have also expanded.

"If you can't evaluate it, don't do it," has become the motto for the Lexington Richland Fighting Back coalition in Columbia, South Carolina, which started with CSAP and Fighting Back funding in 1990. All coalition initiatives must incorporate an evaluation component, although this has proved a difficult challenge at times. Since South Carolina does not collect much baseline data at the district or county level, the Coalition is often required to establish its own baseline numbers. Area universities have provided help in evaluating projects.

Two newer coalitions, the CARE Partnership and the University Park Campus Partnership in State College, Pennsylvania, understand the importance of evaluation. They are currently identifying performance measures to chart the effectiveness of their initiatives. As many other coalitions have learned, local colleges and universities can provide expert help in designing and carrying out both process and outcome evaluations.

Evaluation enables coalitions to track their own progress, report the impact of their work to funders and the community, and use the information to garner new resources and members. As coalitions typically do not include individuals who have expertise to conduct formal evaluations, they should seek guidance from external sources to help incorporate evaluation into the coalition strategy.

Coalitions face significant challenges. These include: conflict within the coalition, negative coalition climate (where one group dominates and others are not comfortable in presenting their viewpoints), competing priorities and competing theories about the targeted problem, high turnover rates of coalition leadership and membership, low priority given to the targeted problem by community members or by local agencies and organizations, insufficient abilities or resources, and high turnover rates of local key leaders who may support the coalition. Recognizing these potential obstacles can help coalitions address them more effectively.

Future Directions

The future success of anti-drug coalitions will depend on their ability to adapt the lessons learned over the past decade to the needs and challenges of their communities. While no over-arching coalition blueprint exists, these lessons point to six key elements of effectiveness that coalitions can incorporate to enhance stability and success. The skills needed to build and maintain a coalition are not inherent in the process; the role of training in developing a viable, effective organization has become increasingly important. The National Community Antidrug Coalition Institute, envisioned in the pending Drug Free Communities Act legislation, will provide the kind of training and technical assistance the field urgently needs. Additionally, the legislation requires coalitions to procure local matching funds, enabling them to forge partnerships with businesses, foundations and community agencies necessary to sustain coalitions when Federal support ends. To survive in the environment of accountability both in the public and private sector, community coalitions must be able to document their successes. Process and outcome evaluations are critical components of any coalition strategy.

Future exploration should focus on matching coalition strategies to community resources, services, and drug problems. Community assessments are essential to quantify community drug use and the associated costs. This understanding is useful in shaping strategy, but it is also needed to provide a picture of the infrastructure so important for effectively addressing key issues. Future research should include creating a comprehensive assessment tool to aid coalitions in properly evaluating community needs and how to match those needs to various strategies.

A number of prevention experts and coalition leaders believe that coalitions may be temporary by nature. For example, Dr. Denise Hallfors at the University of North Carolina notes that "coalitions are ephemeral"; they change over time because priorities of funders and key players in the community change. CADCA's Sue Thau points out that political change can undermine coalition stability. When new governors and mayors are elected, priorities and agency heads often also change. This can affect both the membership of a coalition and its funding.

Coalitions often get started because citizens perceive a crisis in their community. The crack cocaine epidemic of the late 1980s led to the rapid emergence of coalitions across the country, particularly in the cities hardest hit by the devastating effects of crack addiction. More recently, underage binge drinking has mobilized communities to organize coalitions to attack the problem at many levels. As coalitions achieve some of their goals, or the crisis abates (as has happened in some areas with crack cocaine), sustaining the coalition can become problematic. Coalitions are only a framework for people and agencies to work together, according to Leonard Saxe, professor at Brandeis University and Principal Investigator of Fighting Back, who believes that the best coalitions have brief lives, coming together to develop initiatives that are then institutionalized within the community.

Join Together's Dr. David Rosenbloom notes that some coalitions may "stall out" several years before they actually shut down. They stop growing, the intensity of activities decreases and nothing new is happening. New groups form to focus on other strategic goals. He believes that coalitions are by their nature impermanent, bringing together groups of concerned citizens around specific problems. In other words, coalitions strive to achieve a common understanding within the community in order to get community institutions to address the same issue. Moreover, it is the permanent community institutions, not the coalitions, that must make lasting change. Several of the coalitions in the Knight cities that Drug Strategies studied provide examples of coalition "stall out" that ends in termination, merger with another organization, or adoption of a new mission.

Underlying the question of coalition longevity is the related issue of the fundamental purpose of coalitions. A number of experts and practitioners believe that coalitions are essentially planning groups that develop strategies and get others to implement them. Marilyn Culp, Director of the Miami Coalition, notes that, "In this way, coalitions collaborate and do not get into turf issues with existing private nonprofit service organizations." The Columbia, South Carolina, coalition shares this view. Director Debee Early explains, "We want to help develop programs, institutionalize them and move on. We do not want to manage a single project forever."

The very process of creating community coalitions has produced benefits. "If Fighting Back were to go away tomorrow, we've still changed forever the way business is done in this town," said Jane Callahan, Director of Fighting Back, Vallejo, California. "We started out to address substance abuse, and along the way we learned some things about citizen participation and reinventing democracy that can be applied to any problem."

Whatever the future holds for anti-drug coalitions, they have proven effective in engaging many different segments of the community in a common campaign, led largely by volunteers who care deeply about their children and the future of their neighborhoods.

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Community Anti-Drug Coalitions in Knight Communities

Long Beach/South Bay Substance Abuse Coalition
Long Beach, California

Location: One of the largest container ports in the world, Long Beach is also home to a major manufacturing plant of Boeing Corporation. The city has successfully attracted capital investments in recent years to reinvigorate the downtown area.

Population of target area: 430,905

Date Established: 1972

Purpose: To minimize the negative effects of substance abuse in the Long Beach area.

Structure: Formed 30 years ago with a focus on treatment, the Long Beach Coalition on Alcohol and Substance Abuse (LBCASA) established the principal treatment facilities in the city. In 1997, LBCASA merged with the South Bay Substance Abuse Coalition in order to pool resources and prevent overlap of services. The merged coalition has a Chair, Vice Chair and Secretary and is in the process of incorporating, forming a board of directors and developing a strategic plan.

Primary Activities: The 108-member coalition retains a strong treatment focus, although it now addresses tobacco use, underage liquor sales, alcohol and tobacco advertising, and mental health issues as well as the de-stigmatization of alcoholism and drug addiction. The coalition has reduced the number of liquor stores in south Long Beach, promoted drug-free school activities and opened social service agencies in underserved areas.

Funding: Membership dues.

Contact: Michael St. James, 562/570-4100

The Miami Coalition for a Drug Free Community
Miami, Florida

Location: Miami, the 11th largest metropolitan area in the country, serves as the conduit for much of the air and sea traffic to and from the Caribbean and South America. It has been designated one of the High Intensity Drug Trafficking Areas by the Federal government.

Population of target area: 2,253,362

Date Established: 1988

Purpose: To reduce youth drug use by half within a seven-year period, as outlined in the coalition's strategic plan.

Structure: The coalition has a 125-member board of directors that oversees the overall direction of the organization. A 25-member executive committee, primarily from the private sector, provides more specific guidance and meets on a monthly basis. Six subcommittees, representing various sectors such as law enforcement and the faith community, meet bimonthly to plan and coordinate activities. A paid staff of four coordinates a wide range of activities conducted by the coalition.

Primary Activities: Works with the Partnership For a Drug Free America to disseminate its anti-drug media campaign; assists schools and community groups in implementing science-based drug prevention programs; maintains a drug abuse toxicology network to provide prevention specialists and parents with updates on drug abuse trends; works to increase the availability of treatment for youth; serves as a community facilitator through which programs and activities are coordinated and implemented; and assists community programs in developing evaluation plans along with evaluating its own progress.

Funding: Center for Substance Abuse Prevention, county and city government, private foundations, individual donors.

Contact: Marilyn Wagner Culp, 305/284-6848

The Columbus Children, Youth and Family Coalition
Columbus, Georgia

Location: A large town adjacent to Fort Benning Army Base, whose business community has grown significantly in the last 12 years with over a billion dollars in investments and the creation of 12,000 new jobs.

Population of target area: 186,291

Date Established: 1997

Purpose: To reduce teen pregnancy, child abuse and neglect.

Structure: Based on a model for collaborative initiatives developed by the state, the coalition has a 26-member board including an executive committee. The state model requires representatives of the police, local government and the Department of Child and Family Services be on the board. The Executive Director, the only paid staff member, manages ccalition activities from donated office space in City Hall.

Primary Activities: Monitors grants from the Georgia Department of Community Affairs to ensure that financial support goes to activities which reduce child abuse, neglect and teenage pregnancy. Coordinates programs such as the Sexual Assault Nurse Examiner Program in local hospitals, conducts workshops for day care workers to help them identify abuse and neglect cases and offers a weekend camp to teach infant care to girls from low-income neighborhoods. Addresses substance abuse issues as they arise.

Funding: State government, and in-kind support from coalition members and local government.

Contact: Junie Christian, 706/653-4558

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Governor's Commission for a Drug Free Indiana
Fort Wayne, Indiana

Location: A mid-sized city in northeastern Indiana where agriculture is the dominant industry. The recent relocation of 3M headquarters from Fort Wayne to the east coast has damaged the local economy and disrupted the lives of many families in the community.

Population of target area: 870,895

Date Established: 1989

Purpose: To provide training and technical assistance to 15 county anti-drug coalitions.

Structure: The statewide Governor's Commission for a Drug Free Indiana is implemented out of six Regional Coordinating Offices. Each regional office is governed by a 30-member advisory panel composed of two elected representatives from each of the fifteen counties in each region. A Regional Coordinating Office, such as in Fort Wayne, typically has 3 to 5 paid staff members who provide technical assistance and help foster the development of local coalitions at the county level.

Primary Activities: The Fort Wayne Regional Office provides training, technical assistance and funding for all volunteer community groups in 15 counties. Organizes conferences and workshops on a wide range of topics. Promotes and reinforces Indiana's seatbelt law through a grant from the National Highway Traffic and Safety Administration. Hosted Indiana's first conference on underage drinking with support from Mothers Against Drunk Driving.

Funding: County DUI fees and the National Highway Traffic and Safety Administration.

Contact: Aveda La Rue, 219/427-1117

The Project Freedom and Family Coalition
Wichita, Kansas (reorganized as Wichita ACTS Against Truancy)

Location: In Wichita, Kansas' largest city, the majority of the work force holds white collar jobs. The aviation industry is a major employer.

Population of target area: 452,869

Date Established: 1989 (reorganized in 1999)

Purpose: Originally created to mobilize the community to tackle social problems and to reduce substance use, the coalition has since evolved to address truancy and community violence.

Structure: A board of directors, elected by members, is composed of 20-25 individuals from social service agencies, educational institutions and government. The board holds an annual retreat to discuss activities and future goals. It also refines its strategic plan which must be approved by the wider membership. The President of the board and the paid Executive Director of the coalition represent the organization in public forums.

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Primary Activities: The Project Freedom and Family Coalition supported a wide range of activities including town meetings on substance abuse, community policing, weed and seed programs, neighborhood cleanups and youth prevention programs. The coalition, with support from The Pizza Hut Corporation, annually for five years attracted over 7,000 youth to the downtown civic center to eat free pizza, play games and hear anti-drug messages. In 1999, Project Freedom determined that it had achieved its goals and reorganized to form Wichita ACTS Against Truancy which focuses on community organizing and community policing activities.

Funding: Federal, state, county and city government, private foundations and individual donors.

Contact: Jaime Lopez, 316/685-6300

Lexington/Fayette Champions for a Drug Free Community
Lexington, Kentucky (merged in 2000 to become the Mayor's Alliance on Substance Abuse)

Location: Surrounded by picturesque horse farms and rolling tobacco fields, Lexington, the largest city in eastern Kentucky, is home of the University of Kentucky as well as Toyota and Lexmark International.

Population of target area: 260,512

Date Established: 1985

Purpose: To reduce youth access to alcohol and to increase community awareness of the problems associated with alcohol, tobacco and other drug use.

Structure: A five-member executive committee, which includes the two co-chairs of the coalition, selects activities and develops a working budget. The Bluegrass Prevention Center, a regional office for the statewide Champions for a Drug Free Community, retains control of funding and administrative duties for the coalition. In 2000, the coalition merged with another local anti-drug coalition to form the Mayor's Alliance on Substance Abuse.

Primary Activities: Provides drug prevention training for parents at workplaces through a power point presentation on the symptoms of substance abuse, sponsors drug free activities for youths and conducts a Parent Alert Program through which parents are notified if their underage teen attempts to buy alcohol.

Funding: State and local government and individual donations.

Contact: Donna Wiesenhahn, 859/231-6609

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Madison County Partnership
Richmond, Kentucky

Location: A rapidly growing satellite city of Lexington, Richmond is situated in a largely rural area that in the past was known for moon-shining and where tobacco accounts for 60 percent of all agricultural products.

Population of target area: 70,872

Date Established: 1990

Purpose: To bring together diverse groups and resources to prevent alcohol, tobacco and other drug use.

Structure: A paid coalition director and the chairs of five task forces (youth, parents, media, information resources and the faith community) comprise the executive committee, which is responsible for the strategic plan and overall activities of the 80-member coalition. The Bluegrass Prevention Center, a regional office for the Champions for a Drug Free Community, holds budgetary control and provides administrative and technical support to the coalition.

Primary Activities: Coordinates substance abuse and tobacco prevention curriculum for the county; develops alternative activities for youth; organizes awareness campaigns with local schools, churches and the Madison County Department of Health; works with University of Kentucky researchers to conduct needs assessments, to collect data and to measure outcomes; and implements initiatives to change community norms in order to lower underage and high-risk drinking.

Funding: Drug Free Communities, Center for Substance Abuse Prevention, Champions for a Drug Free Community, and in-kind services from Bluegrass Prevention Center and various local community organizations.

Contact: Laura Nagle, 859/624-3622

Charlotte Mecklenburg Drug and Alcohol Fighting Back
Charlotte, North Carolina

Location: The largest city in the Carolinas, Charlotte is experiencing an economic surge and has become a hub of health care services and banking activity.

Population of target area: 695,454

Date Established: 1991

Purpose: To reduce drug use and related crime in the neighborhoods in the city's District 2 as well as to increase the number of citizen-based organizations there.

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Structure: This Fighting Back coalition is composed of grassroots organizers from over 50 neighborhoods in District 2, social service providers and members of the faith community. It has formed a partnership with the county government of Mecklenburg, which provides fiscal oversight of coalition expenditures and contracts with the coalition to provide prevention services. Leadership and direction are shared jointly by a committee of representatives from the coalition and the county government.

Primary Activities: Initiated an array of prevention and treatment programs to discourage new drug use by contracting with 22 of its member organizations to provide these services; established four resource centers that conduct community-based programs to prevent and treat substance abuse; promoted programs that have proven to be effective, such as working with Habitat for Humanity to tear down crack houses and replace them with rent controlled units; and worked closely with local academic institutions to demonstrate the impact of their activities.

Funding: The Robert Wood Johnson Foundation, state and local government.

Contact: Hattie Anthony, 704/336-4634

CARE Partnership of the Centre County Region
State College, Pennsylvania

Location: Ranked by *Money* magazine in 1998 as the fifth best place to live among northeast small cities, State College is home to Pennsylvania State University. Technology and agriculture are major industries in this rural north central section of the state.

Population of target area: 77,500

Date Established: 1999

Purpose: To coordinate prevention activities in six townships and burroughs in Centre County.

Structure: A prevention board composed of coalition members is governed by a six-member group of community leaders. The prevention board is divided into three subcommittees: family, schools, and community. These groups are charged with planning and coordinating programs relevant to their focus. A part-time community organizer, the sole paid staff, oversees the day-to-day operations and the administrative tasks of the coalition.

Primary Activities: Still in its planning phase, the coalition has been inviting key community leaders and organizations to join the coalition as well as collecting substance abuse indicator data. The initial core members adopted the Communities That Care model. This program, supported by the Governor's Community Partnership for Safe Children, is a step-by-step process on how to form, implement and evaluate a community coalition.

Funding: State grant.

Contact: Claudia Hutchenson, 814/861-7424

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University Park Campus Community Partnership
State College, Pennsylvania

Location: Pennsylvania State University students account for 30 percent of the population of this college town located in rural north central Pennsylvania.

Population of target area: 41,000

Date Established: 1998

Purpose: To reduce underage and binge drinking among Penn State students.

Structure: The University Park Campus Partnership (UPCP) is a joint initiative of Pennsylvania State University and the Pennsylvania Liquor Control Board. It is led by two co-chairs—one from the community and one from the university—and has established a revolving leadership which changes every year or two. Members include university leaders and representatives of local government, police and human service agencies as well as tavern owners.

Primary Activities: The coalition has created a strategic plan and identified various data sources including a survey of students' drinking behavior conducted biannually by the university in order to evaluate its impact. UPCP also established a subcommittee to address the standardization of alcohol enforcement and asked local district judges to participate. The judges were instrumental in mobilizing surrounding jurisdictions to enforce underage drinking laws uniformly.

Funding: Pennsylvania State University and the Pennsylvania Liquor Control Board.

Contact: Susan Kennedy, 814/863-0461

The Lexington Richland Alcohol and Drug Abuse Council Fighting Back Program
Columbia, South Carolina

Location: Lexington and Richland Counties are suburbs of the state capitol, Columbia. The wealthier suburbs are found in Lexington County. The University of South Carolina and Fort Jackson, one of the largest U.S. army bases, are located in Richland County.

Population of target area: 536,691

Date Established: 1990

Purpose: To reduce drug use among teens and adults.

Structure: This Fighting Back coalition is one of several divisions in the long-established Lexington and Richland County Alcohol Abuse Council. The Council provides fiscal direction and control for coalition activities. The coalition has its own executive committee composed of members from the target communities as well as representatives from professional organizations.

Primary Activities: Initially, the coalition focused on creating neighborhood coalitions that would help decrease access to alcohol and tobacco; establish community norms that would discourage use of these substances; and increase public awareness of the detrimental effects of alcohol, tobacco and other drug use. With reduced funding and staff, the coalition now focuses mainly on programs that help youngsters make the transition from middle to high school and on to college, and youth prevention programs.

Funding: The Robert Wood Johnson Foundation, Center for Substance Abuse Prevention, Office of Juvenile Justice and Delinquency Prevention, state and local government.

Contact: Debee Early, 803/733-1390 ext. 136

Aberdeen Alcohol and Drug Abuse Council
Aberdeen, South Dakota

Location: Aberdeen is the third largest city in South Dakota. St. Luke's Medical Center and 3M are the chief employers; local government is seeking to attract other industries to ensure future economic growth.

Population of target area: 35,460

Date Established: 1988

Purpose: To unite sectors of the community against the use of alcohol and other drugs.

Structure: Membership in the coalition requires registration and attendance at two previous meetings, which entitles an individual or organization to vote on upcoming initiatives and the overall direction of the coalition. Meetings are held once a month throughout the winter, with a break during summer months. The Mayor represents the coalition at public forums. Administrative tasks, including secretarial and budgeting duties, are carried out by the office of the Mayor.

Primary Activities: Provides grants to local groups to support a wide range of prevention activities including a campaign against inhalant abuse, drug-free post-prom activities, and efforts to curb juvenile delinquency and to prevent violence. Grants have been awarded to Students Against Drunk Driving and the Healthy Kids-Healthy Communities Program, among others.

Funding: Fees from legal gambling machines collected by the city government.

Contact: Cathy Feickert, Aberdeen City Mayor's Office, 605/626-7025

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This is a partial list of the sources used in *Assessing Community Coalitions*. The full list can be obtained from Drug Strategies.

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Drug Strategies Publications

Critical Choices: Making Drug Policy at the State Level (2001)
Smart Steps: Treating Baltimore's Drug Problem (2000)
North Carolina Youth Action Plan: Preventing and Treating Substance Abuse (2000)
City Profiles on Alcohol, Tobacco and Other Drug Use and Programs that Reduce these Problems (1999):
- *Detroit Profile*
- *Facing Facts: Drugs and the Future of Washington, D.C.*
- *Santa Barbara Profile*

Making the Grade: A Guide to School Drug Prevention Programs (1996, 1999)
Drug Courts: A Revolution in Criminal Justice (1999)
Lessons from the Field: Profiling City Alcohol, Tobacco & Other Drug Problems (1999)
Lessons from the Field: Profiling State Alcohol, Tobacco & Other Drug Problems (1999)
Millennium Hangover: Keeping Score on Alcohol (1999)
City Views on Drug Abuse: A Washington, D.C. Survey (1998)
Keeping Score: What We Are Getting for Our Federal Drug Control Dollars (1995, 1996, 1997, 1998)
Passing Judgement: The U.S. Drug Certification Process (1998)
Safe Schools, Safe Students: A Guide to Violence Prevention Strategies (1998)

State Profiles on Alcohol, Tobacco and Other Drug Use and Programs that Reduce These Problems:
- *Kansas Profile* (1998)
- *Rural Indiana Profile* (1998)
- *South Carolina Profile* (1998)
- *Arizona Profile* (1997)
- *California Profile* (1995)
- *Massachusetts Profile* (1995)
- *Ohio Profile* (1995)

Americans Look at the Drug Problem (1994, 1995, 1997)
Cutting Crime: Drug Courts in Action (1997)
Forging New Links: Police, Communities and the Drug Problem (1997)
Implementing Welfare Reform: Solutions to the Substance Abuse Problem (1997)
Rethinking International Drug Control: New Directions for U.S. Policy (1997)
Drugs and Crime Across America: Police Chiefs Speak Out (1996)
Drugs, Crime and Campaign '96 (1996)
Investing in the Workplace: How Business and Labor Address Substance Abuse (1996)
Drugs and Crime: Questions and Some Answers for Broadcasters (1995)

Survey Instruments

The following survey instruments developed for *Assessing Community Coalitions* may be obtained from Drug Strategies:

Expert Advisory Panel Questions
Nine questions for experts in the prevention field designed to identify various aspects of community coalitions, including: different coalition types; implementation methods; community influence; barriers to, and key elements of, success; need for training; and evaluation.

Coalition Mail Survey
18-question survey mailed to coalition leaders regarding basic coalition structure and functioning, including early history, composition of membership, staffing, type of interventions, obstacles, and funding history.

Coalition Telephone Survey
Approximately 45-minute telephone survey with coalition leaders to further explore coalition structure and functioning, including decision making structure, program goals and compliance to goals, purpose of coalitions' interventions, evaluation efforts, barriers, and community readiness.

Key Informant Survey.
20-minute telephone survey of non-coalition community leaders in business, law enforcement, education, media, faith, social services, and government, to assess their perspectives on issues of substance abuse in the community and whether or not they knew of the coalitions' efforts.

Site Visit Questionnaire
In-depth questionnaire designed to explore coalitions' experiences in addressing the key elements. Topics covered include: investigation into how coalitions are established and funded, how they define their objectives and if they can be translated into outcome indicators, what process data are collected, and the use of data to maintain public support, media interest and financial backing. The questions also evaluate how the coalition interacts with the community, develops a strategic plan, chooses programs, and identifies training needs.

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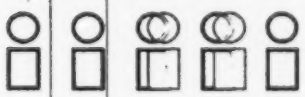
Resources

Join Together asks the following five questions to help communities think about comprehensive strategies that include prevention, treatment, public safety/law enforcement, jobs and economic development:

1. What harms from substance abuse are you trying to reduce in your community?
2. How are you accomplishing this?
3. Who else in your community is already involved? What other groups could get involved?
4. How can you work collaboratively with others?
5. How will you know you are making a difference?

Community Anti-Drug Coalitions of America (CADCA) provides seven steps to form a community coalition:

1. Define the problem and its impact on your community.
2. Identify key stakeholders.
3. Convene a meeting.
4. Share perspectives.
5. Discuss the current reality and the ideal.
6. Create a vision for your community.
7. Determine the next steps.



Additional information and resources can be obtained from these websites:

Community Anti-Drug Coalitions of America
1-800-54-CADCA
cadca.org

Join Together
617-437-1500
jointogether.org

Center for Substance Abuse Prevention
301-443-8956
samhsa.gov

Robert Wood Johnson Resource Center
substanceabuse.rwjf.org

Social Development Research Group
206-685-1997
depts.washington.edu/sdrg/

National Crime Prevention Council
202-466-6272
ncpc.org

Prevention Research Center
510-486-1111
prev.org

Tri-Ethnic Center
970-491-7902
colostate.edu/depts/psychology/tec

Center for Prevention Policy Research at the Institute for Health Promotion and Disease Prevention Research
323-442-2600
usc.edu/hsc/medicine/preventive_med/ipr/

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The mission of Drug Strategies is to promote more effective approaches to the nation's drug problems and to support private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.

Officers:

Dr. Robert Millman
Weill Medical College
Cornell University
Chair

Philip B. Heymann
Harvard Law School
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NT Initiatives

Lee Hamilton
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The Woodrow Wilson Center

Dr. Dean T. Jamison
UCLA

Robert S. McNamara
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Norval Morris
University of Chicago Law School

Alice Rivlin
Johnson Chair
Brookings Institution

Herbert Sturz
Former President
Vera Institute of Justice

Marni Vliet
President
Kansas Health Foundation

Hubert Williams
President
Police Foundation

Emeritus:

Dr. Avram Goldstein
Dr. Pedro José Greer
Howard E. Prunty
Charles Ruff (1939-2000)
Nancy Dickerson Whitehead (1927-1997)

Advisors on Community Coalitions

James E. Copple, M.Div, M.A.
Vice President and Chief Operating Officer
National Crime Prevention Council
Washington, DC

Carol Colburn,
Past Executive Director
Prevention Partners
Rochester, New York

Marilyn Wagner Culp, M.A.
President
Miami Coalition for a Drug Free Community
Miami, Florida

Ruth Edwards, Ph.D.
Project Director
Tri-Ethnic Center
Colorado State University, Fort Collins

Shakeh Kaftarian, Ph.D.
Public Health Advisor and former
Acting Director for the Office of
Knowledge Synthesis
Center for Substance Abuse Prevention
Rockville, Maryland

Denise Hallfors, Ph.D.
Research Associate Professor
School of Public Health
University of North Carolina at Chapel Hill

J. David Hawkins, Ph.D.
Endowed Professorship in Prevention of
Behavioral Problems among Children
and Youth and Director of the Social
Development Research Group
School of Social Work
University of Washington, Seattle

Harold Holder, Ph.D.
Director and Senior Scientist
Prevention Research Center
Berkeley, California

Mary Ann Pentz, Ph.D.
Professor and Director of the Center for
Prevention Policy Research
University of Southern California,
Los Angeles

Cheryl Perry, Ph.D
Professor
School of Public Health
University of Minnesota at Twin Cities,
Minneapolis

David Rosenbloom, Ph.D.
Director
Join Together
Boston, Massachusetts

Leonard Saxe, Ph.D.
Professor, Heller Graduate School for
Advanced Studies in Social Welfare
Principal Investigator for Fighting Back
Brandeis University
Waltham, Massachusetts

Susan Thau, M.C.R.P.
Public Policy Consultant
Community Anti-Drug Coalitions of America
Alexandria, Virginia

Alberta Tinsley-Talabi
Councilwoman and Founder of the
CABAT Program
Detroit, Michigan

Abraham Wandersman, Ph.D.
Professor
University of South Carolina at Columbia

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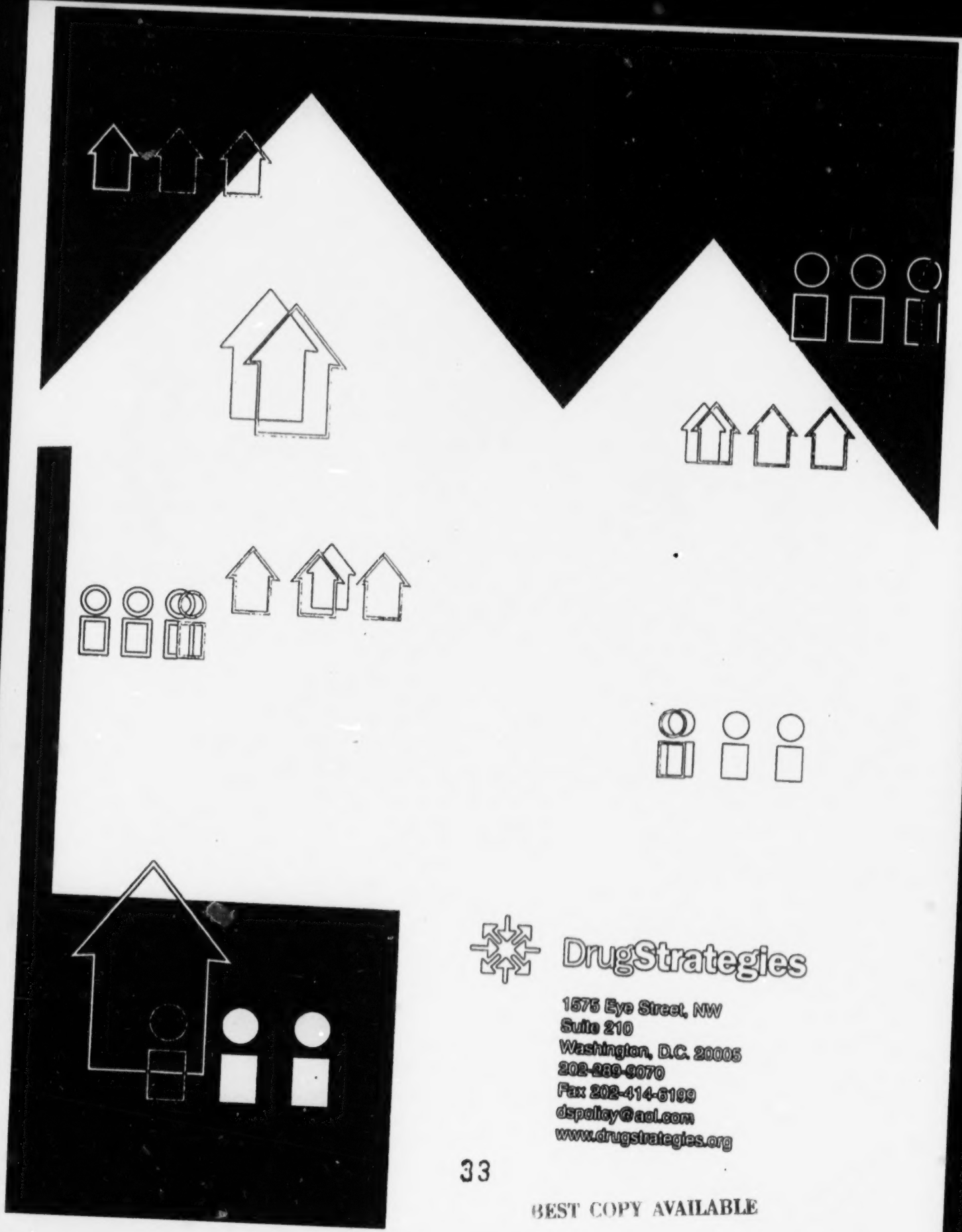

DrugStrategies

1575 Eye Street, NW
Suite 210
Washington, D.C. 20005
202-289-9070
Fax 202-414-6199
dspolicy@aol.com
www.drugstrategies.org

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